



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E263733**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-02012
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 08 - 15 - 2013	0830	31		0884
		N S	E W	IN OF <input checked="" type="checkbox"/>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
FRONTAGE ROAD		BLOCK NO. <input checked="" type="checkbox"/> 600
		MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/>	N <input type="checkbox"/>
FEET <input type="checkbox"/>	E <input type="checkbox"/>
	S <input type="checkbox"/>
	W <input type="checkbox"/>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS

CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX F	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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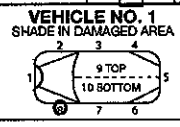
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4253444381
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LAST NAME	TENOLD-ELDREDGE	FIRST NAME	CATHERINE	MIDDLE INITIAL	A
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STREET NEW ADDRESS	18495 CAMP 12 RD
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CITY	LEAVENWORTH	ST	WA	ZIP	98826
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	TENOLCA572NL	STATE	WA	SEX F	D.O.B. MMDDYYYY	08 - 13 - 1943
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AKD6723	STATE	WA	VIN#
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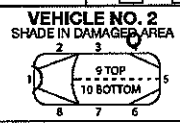
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2008	MAKE CHRY	MODEL PT	STYLE 4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # METROPOLITAN CASUALTY INSURANCE 3585420790
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
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DENNIS IRWIN	105	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E263733**

CASE # **13-02012**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

UNIT #2 was south on Frontage Road after just exiting the traffic circle and was slowing to make a left turn into the driveway of 612 Frontage Road. UNIT #1 was following behind UNIT #2 and apparently failed to notice UNIT #2 had slowed down. UNIT #1 collided with the rear bumper of UNIT #2. UNIT #1 fled the area.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-16-13 10:36 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

8/17/2013 2:47:59 PM

BADGE OR ID #

105

ORI #

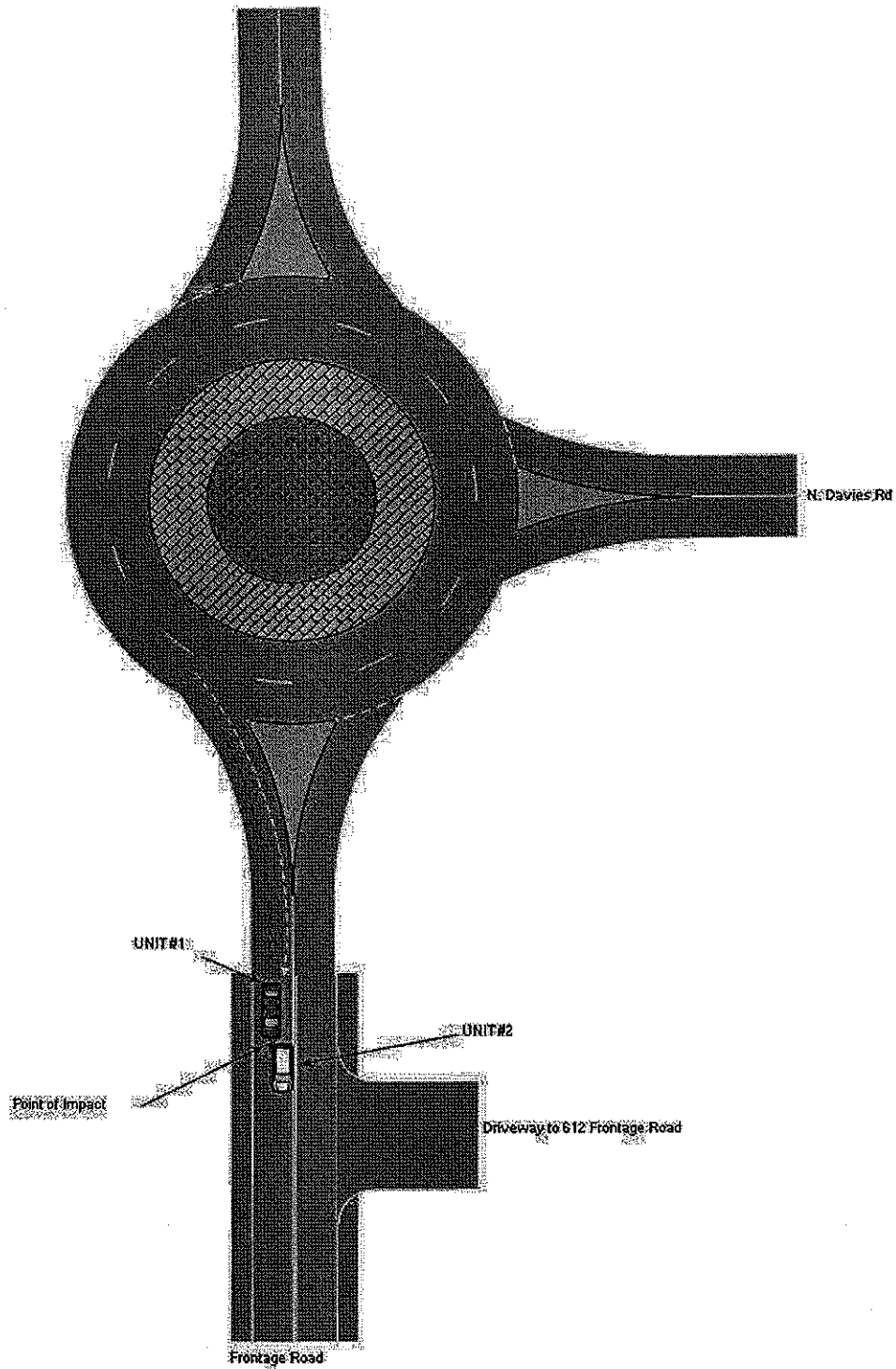
WA0311900

TIME POLICE DISPATCHED

9:56 AM

TIME POLICE ARRIVED

9:56 AM



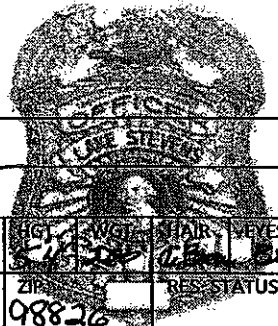
25 MPH

not to scale

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-07017



VICTIM / WITNESS

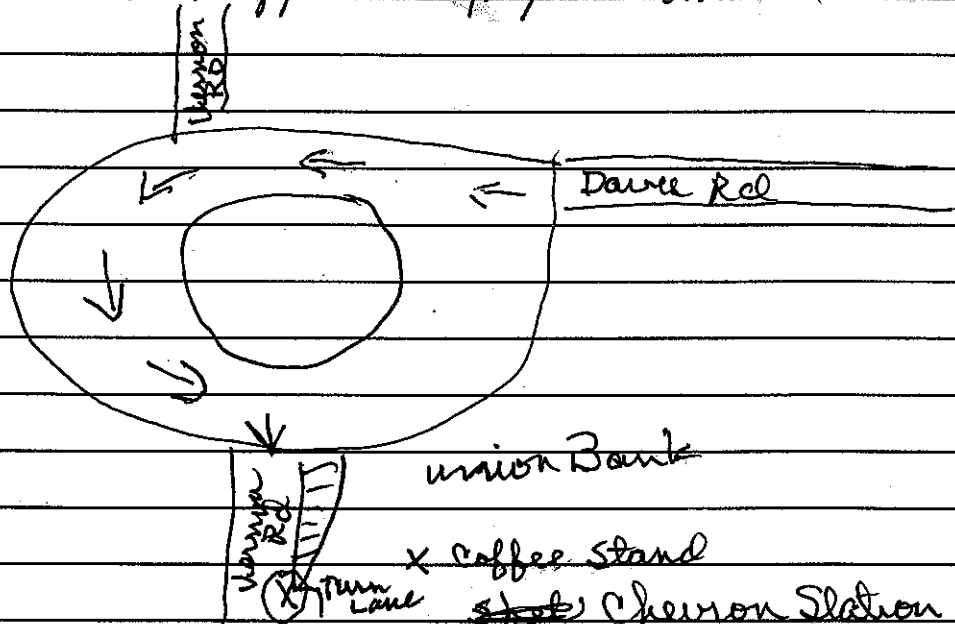
NON-DISC	NAME (LAST, FIRST MIDDLE) TENOLD-ELDREDGE CATHERINE A	RACE C	ETH	SEX F	DOB 8/13/1943	AGE 70	HGT 5'4"	WGT 120	HAIR Brown	EYES Brown
STREET ADDRESS 18495 CAMP 12 RD		CITY LEAVENWORTH			STATE WA		ZIP 98826		RES STATUS	
HOME PHONE		CELL PHONE 425-344-4381			PLACE OF EMPLOYMENT TENELCO INC					
WORK PHONE 425-397-7770		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

was going around round-about at Vernon Rd and Davies from Davies road was slowing down to make left turn to coffee stand when car behind me hit my car. I pulled into Chevron station expecting person who hit me to follow she did not. She speeded up and left.

It was a small red car license plate # ~~AK06783~~. A young long haired blond was driving. This happened 8/15/2013 about 8:46 AM

128XSV



I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Catherine A. Tenold-Eldredge	DATE SIGNED 8/15/2013	LOCATION SIGNED LK Stevens Police Dept
OFFICER/NUMBER: #105	DATE SIGNED 8/15/13	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS13018229

Case Numbers: \$SS13002012

Entered 08/15/13 09:56:15 BY SPDP17 SP0213

Dispatched 08/15/13 09:56:15 BY SPDP17 SP0213

Enroute 08/15/13 09:56:15

Onscene 08/15/13 09:56:15

Closed 08/15/13 10:36:06

Initial Type: SUSP Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: Src

Loc: 600 FRONTAGE RD ,LKS btwn 4 ST NE & N DAVIES RD (V)

Loc Info:

Name: Addr: Phone:

/0956 (SP0213) \$OUTSRV ,NO MORE INFORMATION
/0956 DISPOS SS1936 #SS105 IRWIN, OFFICER (DENNIS)
 ,NO MORE INFORMATION
/0958 OK SS1936
/1009 (SS105) REMINQ SS1936 MDTVEH, AK06723,,WA,,,,,,,,,
/1009 REMINQ SS1936 MDTVEH, AK06723,,WA,,,,,,,,,
/1010 REMINQ SS1936 MDTVEH, AKQ6723,,WA,,,,,,,,,
/1011 REMINQ SS1936 MDTVEH, AKD6723,,WA,,,,,,,,,
/1012 REMINQ SS1936 MDTVEH, 128XSV,,WA,,,,,,,,,
/1022 (SP0213) CHANGE TYP: SUSP
 ---> ACC
/1022 ASNCAS SS1936 \$SS13002012
/1022 CHANGE LOC: PD/WALKIN --> 600 FRONTAGE RD ,LKS,
 BLK: --> SS002
/1036 CLEAR SS1936 D/H
/1036 CLOSE SS1936